

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4089 58-024873
STATE FILE NUMBER

FILED JUL 25 1958		Registration District No. 58	Primary Registration District No. 4450	Registrar's No. 16
1. PLACE OF DEATH a. COUNTY CARTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CARTER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grandin Mo		c. CITY OR TOWN Grandin Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 1 YEAR		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Melissa Ader Payne			4. DATE OF DEATH Month Day Year 7 - 17 - 58	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10 - 2 - 13	9. AGE (In years last birthday) 44
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Joseph Payne
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address Allie Pierce Daniphan, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Septic DUE TO (c) Enteric fever				INTERVAL BETWEEN ONSET AND DEATH 24 hr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4500		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.				
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 7/17/58 to 7/17/58 and last saw her alive on D.O.A Death occurred at 2:30 am on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Paul A. Henson D.O.		22b. ADDRESS 107 Stobest Daniphan		22c. DATE SIGNED 7/21/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-18-58	23c. NAME OF CEMETERY OR CREMATORY DAK BROS Cemetery	23d. LOCATION (City, town, or county) (State) Ripley County Mo	
24. FUNERAL DIRECTOR EDWARDS FUNERAL HOME Daniphan, Mo.		25. DATE RECD. BY LOCAL REG. 7-21-58	26. REGISTRAR'S SIGNATURE Mrs. Octavia Henson	

RECEIVED

JUL 24 1958

CARTER COUNTY
HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Gene Starnett

Licensed Embalmer No. *4809*

P. O. Address *Waynesville, N.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.